



# WATER/SEWER/STORM/BACKFLOW UTILITY PERMIT APPLICATION

Updated  
June 2016

Physical Address:

Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 East Main Street

Mailing Address:

25 West Main Street  
Auburn, WA 98001-4998

Webpage & Email:

[www.auburnwa.gov](http://www.auburnwa.gov)  
[permitcenter@auburnwa.gov](mailto:permitcenter@auburnwa.gov)

Phone & Fax:

Phone: 253-931-3090  
Fax: 253-804-3114

## PROJECT INFORMATION

Check all that apply: ☐Water ☐Sewer ☐Stormwater ☐Backflow

☐Single Family Residence ☐Commercial ☐Duplex ☐Multifamily: # of units \_\_\_\_\_

Job site address: \_\_\_\_\_ Zip: \_\_\_\_\_ Lot #: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Complex Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Suite #: \_\_\_\_\_

For Condominiums – Building Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

For Mobile/Manufactured Homes – Park Name: \_\_\_\_\_ Space #: \_\_\_\_\_

### Permit Numbers

WTR \_\_\_\_\_ - \_\_\_\_\_

SWR \_\_\_\_\_ - \_\_\_\_\_

STM \_\_\_\_\_ - \_\_\_\_\_

BFL \_\_\_\_\_ - \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

Parent Permit # \_\_\_\_\_

APPLICANT ☐Owner ☐Contractor ☐Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### OWNER

Name: \_\_\_\_\_

☐ Check this box if this is the primary contact

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CONTRACTOR

Company Name: \_\_\_\_\_

☐ Check this box if this is the primary contact

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Auburn Business Lic#: \_\_\_\_\_ WA UBI#: \_\_\_\_\_

## STORM APPLICATION

CIRCLE ONE: **New Development** **Modification to Existing Development** **Grading Related**

Total New Impervious Surface (sq ft): \_\_\_\_\_ Total Area to be Disturbed (sq ft): \_\_\_\_\_

Description of work: \_\_\_\_\_

## SEWER APPLICATION

CIRCLE ONE: **New Connection** **Side Sewer Repair** **Demo Capping** **Tenant Improvement**

IS ANY WORK WITHIN THE PUBLIC ROW ☐ No ☐ Yes If so, [Construction Permit](#) required

WATER APPLICATION								
Check all that apply:	DOMESTIC		IRRIGATION		FIRE		NON-RESIDENTIAL DOMESTIC	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Service Size (in):								
Existing Meter Box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemicals Added?	N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BACKFLOW – PREMISE								
Purpose of Device	Type of Device			Size (inches)	Number of Devices	Location behind Meter unless infeasible		
Irrigation – Single Family Residence	Chemicals Added?	<input type="checkbox"/> Yes	RPBA					
		<input type="checkbox"/> No	DCVA					
Fireline – Single Family Residence	Chemicals Added?	<input type="checkbox"/> Yes	RPBA					
		<input type="checkbox"/> No	DCVA					
Domestic – Non-Residential	RPBA							
Irrigation – Non-Residential	Chemicals Added?	<input type="checkbox"/> Yes	RPBA					
		<input type="checkbox"/> No	DCVA					
Fireline – Non-Residential	Chemicals Added?	<input type="checkbox"/> Yes	RPBA					
		<input type="checkbox"/> No	DDCVA					
BACKFLOW – PLUMBING								
<i>Please complete the <a href="#">Mechanical /Plumbing Application</a></i>								
(FOR STAFF USE ONLY)								
Domestic Water Meter Permit Fee:				County Inspection Fee:		Fireline Connection Fee:		
Deduct Water Meter Permit Fee:		Irrigation Water Meter Fee:		Domestic SDC:		Irrigation Only Meter SDC:		
Assessment (____FF*\$____)		Paybacks:				Total Water Fees:		
Sewer Permit Fee:		SDC (____ RCE * Current SDC Fee):				County Inspection Fee:		
Assessment (____FF*\$____)		Paybacks:				Total Sewer Fees:		
Storm Permit Fee: Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		SDC (____ ESU * Current SDC Fee):						
Assessment (____FF*\$____)		Paybacks:				Total Storm Fees:		
<b>Application Reviewed By:</b> _____ <b>Date:</b> _____ <input type="checkbox"/> <b>Ok to Issue</b> _____								

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge and consent.

**SIGNATURE:** \_\_\_\_\_ **PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_